



CITY OF REDMOND EMPLOYMENT APPLICATION

15670 NE 85th Street • PO Box 97010 • Redmond, WA 98073-9710
Human Resources: (425) 556-2120 • FAX (425) 556-2129
Job line: (425) 556-2121 • TDD (425) 556-2909
<http://www.redmond.gov>

The City of Redmond is an Equal Opportunity Employer

Title of position for which you are applying:

GENERAL INFORMATION

NAME _____
(Last) (First) (Middle)
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ WORK _____ E-MAIL _____

ARE YOU A CURRENT OR FORMER CITY OF REDMOND EMPLOYEE? ☐ YES ☐ NO

Position: _____ Dates From/To: _____

DO YOU HAVE A RELATIVE EMPLOYED BY THE CITY? ☐ YES ☐ NO

Relationship: _____ Department: _____

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ YES ☐ NO

OTHER THAN PARKING TICKETS, HAVE YOU BEEN CONVICTED OF ANY LAW VIOLATION WITHIN THE LAST 10 YEARS? (Conviction record may be subject to verification.) ☐ YES ☐ NO

IF YES, EXPLAIN BELOW. (A conviction record will not necessarily bar you from employment.)

Date	Charge	Sentence	Remarks

EDUCATION

HIGH SCHOOL	MAJOR	CREDIT HOURS	DEGREE RECEIVED

COLLEGE OR UNIVERSITY*	MAJOR	CREDIT HOURS	DEGREE RECEIVED

*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? YES ____ NO ____ STATE: ____ LICENSE NUMBER: ____

VALID COMMERCIAL DRIVER'S LICENSE? YES ____ NO ____ STATE: ____ LICENSE NUMBER: ____

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
PERSONAL COMPUTER:		
WORD PROCESSING	_____	(WPM = _____) _____
SPREADSHEET	_____	_____
DATABASE	_____	_____
DESKTOP PUBLISHING	_____	_____
CAD	_____	_____
OTHER	_____	_____
MAINTENANCE POSITIONS ONLY:		
BACKHOE	_____	_____
DUMP TRUCK	_____	_____
COMPRESSOR	_____	_____
ROTARY MOWER	_____	_____
EDGER, BLOWER	_____	_____
OTHER	_____	_____

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

#1 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#2 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#3 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

WORK HISTORY

(continued)

#4 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#5 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contain no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of Redmond representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of Redmond only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant

Date



CITY OF REDMOND
AUTHORIZATION FOR BACKGROUND INFORMATION

I, _____, hereby authorize the City of Redmond or an independent investigating agency to conduct a thorough investigation of my personal and professional background including credit, criminal, and driving records for employment purposes.

I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the City of Redmond only.

It is my intention that any copy of this authorization be as effective as is the original.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: _____
Last First Middle

Alias/Maiden/Other Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year M or F

Social Security Identification Number: _____

Driver's License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied For: _____

Signature

Date

AFFIRMATIVE ACTION INFORMATION

In order to ensure equal employment opportunity, the City of Redmond requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: _____

SEX: ☐ Male ☐ Female

AGE OVER 40: ☐ Yes ☐ No

ETHNIC GROUP: (Select only one racial/ethnic group.)

☐ African American

☐ Asian/Pacific Islander

☐ Caucasian (white, not hispanic origin)

☐ Hispanic

☐ Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY: ☐ Yes ☐ No

VETERAN: ☐ Yes ☐ No

HOW DID YOU LEARN OF POSITION OPENING?

☐ Print Ad ☐ Internet ☐ Jobline ☐ Job Posting ☐ Other _____